

RECEIVED
CENTRAL FAX CENTER

NOV 08 2005

**North America
Intellectual Property Corporation**

P.O. BOX 506, Merrifield, VA 22116, U.S.A.

Voice Mail: 302-729-1562

FAX: 806-498-6673

e-mail:winstonhsu@naipo.com

Customer No.: 27765

**Fax To: JULES, FRANTZ F
Art Unit: 3617**

**Tel.: (571) 272-6681
Fax: (571) 273-8300**

From: Winston Hsu, Registration No. 41,526

Serial No.: 10/708,944

Attorney Docket No.: LKSP0031USA

Subject: Response to the Office Action mailed on 08/11/2005

Total Pages: 12 pages (including cover page)

Winston Hsu 11/08/2005

LKSP0031USA0_A2_1

**RECEIVED
CENTRAL FAX CENTER**

NOV 08 2005

PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0851-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/708,944
Filing Date	04/02/2004
First Named Inventor	Kuo-Tai Liu
Art Unit	3617
Examiner Name	JULES, FRANTZ F
Attorney Docket Number	LKSP0031USA

11

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	North America Intellectual Property Corporation		
Signature	<i>Winston Hsu</i>		
Printed name	Winston Hsu		
Date	11/08/2005	Reg. No.	41,526

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	<i>Janice Chen</i>	Date	11/08/2005
Typed or printed name	Janice Chen		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**RECEIVED
CENTRAL FAX CENTER**

NOV 08 2005

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

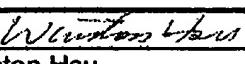
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<small>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</small>	
FEE TRANSMITTAL For FY 2005	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	
TOTAL AMOUNT OF PAYMENT	(\$) 0.00

Complete if Known	
Application Number	10/708,944
Filing Date	04/02/2004
First Named Inventor	Kuo-Tai Liu
Examiner Name	JULES, FRANTZ F
Art Unit	3617
Attorney Docket No.	LKSP0031USA

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-3105 Deposit Account Name: North America Intellectual Property Corp.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
<small>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</small>	

FEE CALCULATION																																																							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">FILING FEES</th> <th colspan="2" style="text-align: left;">SEARCH FEES</th> <th colspan="3" style="text-align: left;">EXAMINATION FEES</th> </tr> <tr> <th style="text-align: left;">Application Type</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Small Entity Fee (\$)</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Small Entity Fee (\$)</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>							FILING FEES		SEARCH FEES		EXAMINATION FEES			Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	500	250	200	100	Design	200	100	100	50	130	65	Plant	200	100	300	150	160	80	Reissue	300	150	500	250	600	300	Provisional	200	100	0	0	0	0
FILING FEES		SEARCH FEES		EXAMINATION FEES																																																			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)																																																	
Utility	300	150	500	250	200	100																																																	
Design	200	100	100	50	130	65																																																	
Plant	200	100	300	150	160	80																																																	
Reissue	300	150	500	250	600	300																																																	
Provisional	200	100	0	0	0	0																																																	
2. EXCESS CLAIM FEES																																																							
Fee Description																																																							
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent																																																							
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent																																																							
Multiple dependent claims																																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Total Claims</th> <th style="text-align: left;">Extra Claims</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Paid (\$)</th> <th colspan="2" style="text-align: left;">Multiple Dependent Claims</th> </tr> <tr> <th></th> <th>- 20 or HP =</th> <th>x</th> <th>=</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee (\$)</th> </tr> </thead> <tbody> <tr> <td></td> <td>HP = highest number of total claims paid for, if greater than 20</td> <td></td> <td></td> <td>50</td> <td>25</td> </tr> <tr> <td colspan="2">Indep. Claims</td> <td style="text-align: left;">Extra Claims</td> <td style="text-align: left;">Fee (\$)</td> <td style="text-align: left;">Fee Paid (\$)</td> <td style="text-align: left;">Fee (\$)</td> </tr> <tr> <td colspan="2"></td> <td>- 3 or HP =</td> <td>x</td> <td>=</td> <td>200</td> <td>100</td> </tr> <tr> <td colspan="2"></td> <td>HP = highest number of independent claims paid for, if greater than 3</td> <td></td> <td></td> <td>360</td> <td>180</td> </tr> </tbody> </table>							Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			- 20 or HP =	x	=	Fee (\$)	Fee (\$)		HP = highest number of total claims paid for, if greater than 20			50	25	Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)			- 3 or HP =	x	=	200	100			HP = highest number of independent claims paid for, if greater than 3			360	180											
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims																																																			
	- 20 or HP =	x	=	Fee (\$)	Fee (\$)																																																		
	HP = highest number of total claims paid for, if greater than 20			50	25																																																		
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)																																																		
		- 3 or HP =	x	=	200	100																																																	
		HP = highest number of independent claims paid for, if greater than 3			360	180																																																	
3. APPLICATION SIZE FEE																																																							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Total Sheets</th> <th style="text-align: left;">Extra Sheets</th> <th style="text-align: left;">Number of each additional 50 or fraction thereof</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>- 100 =</td> <td>/ 50 =</td> <td>(round up to a whole number) x</td> <td>=</td> <td></td> </tr> </tbody> </table>							Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	- 100 =	/ 50 =	(round up to a whole number) x	=																																								
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																																																			
- 100 =	/ 50 =	(round up to a whole number) x	=																																																				
4. OTHER FEE(S)																																																							
Non-English Specification, \$130 fee (no small entity discount)																																																							
Other: _____																																																							

SUBMITTED BY			
Signature			Registration No. (Attorney/Agent) 41,526
Name (Print/Type)	Winston Hsu		
		Telephone 302-729-1562	Date 11/08/2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED
CENTRAL FAX CENTER

NOV 08 2005

ASEISMATIC DEVICE

Appl. No. :	10/708,944	Confirmation No. 2943
Applicant :	Kuo-Tai Liu	
Filed :	April 2, 2004	
TC/A.U. :	3617	
Examiner :	JULES, FRANTZ F	
Docket No. :	LKSP0031USA0	
Customer :	27765	
	No.	

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir:

- 5 In response to the Office action of August 11, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.